VILLA JULIE COLLEGE * INTERNSHIP ATTENDANCE SHEET

Please return by _____ to your Internship Faculty Advisor.

Name of student: _____ Semester Registered:_____

Employer/Organization: _____

DATE	HOURS WORKED	DATE	HOURS WORKED

TOTAL HOURS:_____

Signature/Title of Employer:_____
Printed Name: _____ Date:_____

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